



Receipt

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

APPLICANT(S): ANTHONY W. HARTY, BRIAN D. MCKEAN, AND THERESA L.
SEGURA

SERIAL No.: 10/047,223

FILING DATE: 01/15/02

TITLE: HIERARCHICAL MULTI-COMPONENT TRACE FACILITY USING
MULTIPLE BUFFERS PER COMPONENT

GROUP ART: 2184

ATTY. DKT. No.: SJO920010113US1

RECEIVED
APR 29 2002

Technology Center 2100

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner For Patents, Washington, D.C. 20231, on the date shown below:

Dated: 4/15/02

By: Brian C. Kunzler
Brian C. Kunzler, Reg. No.: 38,527

ASSISTANT COMMISSIONER FOR PATENTS
APPLICATION PROCESSING DIVISION
CUSTOMER CORRECTION BRANCH
WASHINGTON, DC. 20231

REQUEST FOR CORRECTED FILING RECEIPT

SIR:

Enclosed is a copy of the Official Filing Receipt. The Applicant's name is erroneously stated as Teresa L. Sugera. The correct Applicant's name is Theresa L. Segura as evidenced by the executed Declaration, a copy of which is enclosed.

Please issue a corrected Filing Receipt rectifying this error.

Respectfully submitted,
BRIAN C. KUNZLER

Date: April 3, 2002

Brian C. Kunzler
10 West 100 South, Suite 425
Salt Lake City, Utah 84101
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Brian C. Kunzler
Brian C. Kunzler
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Attorney for Applicant



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
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CONFIRMATION NO. 5751



Bib Data Sheet

SERIAL NUMBER 10/047,223	FILING DATE 01/15/2002 RULE	CLASS 714	GROUP ART UNIT 2184	ATTORNEY DOCKET NO. SJO920010113US1
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APPLICANTS

Anthony Walter Harty, Superior, CO;
 Brian Dennis McKean, Longmont, CO;
 Theresa L. Segura, Broomfield, CO;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 02/14/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CO	5	26	7
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Brian C. Kunzler
 10 West 100 South
 Salt Lake City ,UT 84101

TITLE

Hierarchical multi-component trace facility using multiple buffers per component

FILING FEE RECEIVED 1184	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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